

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

<b>POWER OF ATTORNEY</b>	
<b>OR</b>	
<b>REVOCATION OF POWER OF ATTORNEY</b>	
<b>WITH A NEW POWER OF ATTORNEY</b>	
<b>AND</b>	
<b>CHANGE OF CORRESPONDENCE ADDRESS</b>	

Application Number	10/690,825
Filing Date	October 23, 2003
First Named Inventor	Michel Therin
Title	PROSTHESIS FOR REINFORCEMENT
Art Unit	3773
Examiner Name	Tyson, Melanie Ruono
Attorney Docket Number	1600-25 (BR040489)

I hereby revoke all previous powers of attorney given in the above-identified application.

A Power of Attorney is submitted herewith.

OR

I hereby appoint Practitioner(s) associated with the following Customer Number as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith:

50855

OR

I hereby appoint Practitioner(s) named below as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith:

Practitioner(s) Name	Registration Number

Please recognize or change the correspondence address for the above-identified application to:

The address associated with the above-mentioned Customer Number.

OR

The address associated with Customer Number:

OR

<input checked="" type="checkbox"/> Firm or Individual Name	Peter DeLuca		
Address	Carter, DiLuca, Farrell & Schmidl, LLP 445 Broad Hollow Road, Suite 420		
City	Melville	State	NY
Country	USA		
Telephone	631-501-5700	Email	docket@cdflaw.com

I am the:

Applicant/Inventor.

OR

Assignee of record of the entire interest. See 37 CFR 3.71.

Statement under 37 CFR 3.73(b) (Form PTO/SB/05) submitted herewith or filed on \_\_\_\_\_

SIGNATURE of Applicant or Assignee of Record

Signature		Date	
Name	Michel Therin	Telephone	
Title and Company	Vice President, Sofradim Production		

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

Total of 2 forms are submitted.

This collection of information is required by 37 CFR 1.31, 1.32 and 1.39. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the burden estimate or any changes in the burden estimate or in the collection may be directed to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.